

K 063038

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

REGULATORY AUTHORITY

Safe Medical Devices Act of 1990, 21 CFR 807.92

APR 27 2007

COMPANY NAME/CONTACT

Heather Tanner MacFalls
Reliant Technologies, Inc.
464 Ellis St.
Mountain View, CA 94043
650 641-5861
650 641-3461 fax
hmacfalls@reliant-tech.com

NAME OF DEVICE

Trade Name:	<u>Fraxel III SR Laser System and Accessories</u>
Common Name:	Laser Surgical Instrument
Regulation Number	878.4810
Product code:	GEX
Device Panel:	General Surgery/Restorative Devices
Device Classification:	Class II

LEGALLY MARKETED PREDICATE DEVICES

Name: Fraxel SR Laser System and Accessories
510(k) #: K053047, K050841, K042319, K040617 and K031795

Name: Lumenis UltraPulse Encore Carbon Dioxide Surgical Laser and Delivery
Device Accessories
510(k) #: K022060

DEVICE DESCRIPTION

The Fraxel III SR Laser System consists of a laser source which delivers a pattern of thermal energy to the epidermis and dermis using scanning and focusing optics. Device accessories include interchangeable treatment tips.

K06303P

INDICATION FOR USE STATEMENT

The Fraxel III SR Laser System is intended for use in:

Dermatological procedures requiring ablation (removal), coagulation and resurfacing of soft tissue.

SUBSTANTIAL EQUIVALENCE COMPARISON

Indications for Use

Substantial equivalence for the Fraxel III SR Laser System and Accessories is supported by the predicate devices listed in this submission, which have identical or similar indication statements.

Clinical Performance Data

Clinical analysis was conducted on Non-Significant Risk and Investigational Device Exemption studies to support the clinical performance of the Fraxel III SR Laser System. Sufficient safety data has been gathered to determine that the Fraxel III Laser System and Accessories performs as clinically intended and that no new issues of safety and effectiveness are introduced.

Technological Characteristics

Key technological characteristics of the Fraxel III SR Laser System, such as energy type and operating principle, are equivalent to the Fraxel SR Laser System as described in submissions K053047, K050841, K042319, K040617 and K031795 and to the Lumenis Ultrapulse Encore Laser System as described in K020660.

CONCLUSION

Based on the design, materials, function, intended use and clinical evaluation, the Fraxel III Laser System and Accessories is substantially equivalent to the devices currently marketed under the Federal Food, Drug and Cosmetic Act. Safety and effectiveness are reasonably assured, justifying 510(k) clearance.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Reliant Technologies, Inc.
% Reliant Technologies, Inc.
Ms. Heather Tanner MacFalls
Director of Regulatory and Clinical Affairs
464 Ellis Street
Mountain View, California 94043

APR 27 2007

Re: K063038

Trade/Device Name: Fraxel III SR Laser System and accessories

Regulation Number: 21 CFR 878.4810

Regulation Name: Laser surgical instrument for use in general and plastic surgery
and in dermatology

Regulatory Class: Class II

Product Code: GEX

Dated: February 27, 2007

Received: March 1, 2007

Dear Ms. MacFalls:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

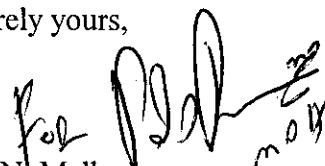
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the

quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mark N. Melkerson', with a date 'm 04' written below it.

Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K063038

Device Name: Fraxel III SR Laser System and accessories

Indications For Use:

"The Fraxel III SR Laser System and accessories is intended for use in:

Dermatological procedures requiring ablation (removal), coagulation and resurfacing of soft tissue.

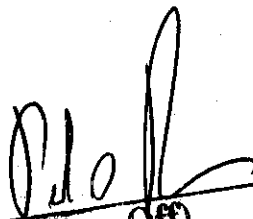
Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign Off)
Division of General, Restorative,
and Neurological Devices

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